

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY	
	Mr Phil D NICKNAME LAST SUFFIX			
Hardberger		Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  P.O. Box 15347 San Antonio, TX 78212			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (210) 828-3451		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Receipt # Amount	
	Mr Michael D NICKNAME LAST SUFFIX		Date Processed	
Beldon		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  5039 West Avenue San Antonio, TX 78213			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (210) 341-3100			
9 REPORT TYPE	3 Days Before Main Election			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year  4/28/2005 5/3/2005			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	5/7/2005		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  N/A		13 OFFICE SOUGHT (if known)  Mayor	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME**

Mr Phil D Hardberger

**16 ACCOUNT # (Ethics Commission files)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$31455.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$0

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$55504.48

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$300000.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Phil D Hardberger, this the 04th day  
of May, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Richard Mogas

6 Contributor address; City; State; Zip Code

134 Fieldcrest Dr  
San Antonio, TX 78209

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Norma Reyes

Contributor address; City; State; Zip Code

348 Alexander Hamilton  
San Antonio, TX 78228

Amount of contribution (\$)

35.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Keith Manning

Contributor address; City; State; Zip Code

15446 Escarpment Oak  
Helotes, TX 78023

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Larry A Hicks

Contributor address; City; State; Zip Code

2522 Old Gate Rd  
San Antonio, TX 78230

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

August C Toudouze III

Contributor address; City; State; Zip Code

702 Summer Dawn  
San Antonio, TX 78258

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Roberto R Salinas

6 Contributor address; City; State; Zip Code

PO Box 3125  
Laredo, TX 78044

7 Amount of  
contribution (\$)  
1000.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kenneth P Wolf

Contributor address; City; State; Zip Code

310 S. St. Mary's, Apt/Suite: 2100  
San Antonio, TX 78205

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Gregory L Hannah

Contributor address; City; State; Zip Code

19818 Wittenburg  
San Antonio, TX 78256

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Martha Sue Dodson

Contributor address; City; State; Zip Code

1 Riverwalk Place, Apt/Suite: 1400  
San Antonio, TX 78205

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Tom Crosley

Contributor address; City; State; Zip Code

308 Lilac Lane  
San Antonio, TX 78209

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

3 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/1/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jennifer Brooklyn

6 Contributor address; City; State; Zip Code

13725 George Rd  
San Antonio, TX 78231

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Suzanne De Satrustegui

Contributor address; City; State; Zip Code

142 E. Huisache Ave  
San Antonio, TX 78212

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ron Bird

Contributor address; City; State; Zip Code

PO Box 1169  
Helotes, TX 78023

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kathleen Batis

Contributor address; City; State; Zip Code

4402 Meredith woods  
San Antonio, TX 78249

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Catalina Garza

Contributor address; City; State; Zip Code

2814 Burning Rock  
San Antonio, TX 78247

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/2005

5 Full name of contributor

Dan Carabin

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

409 S. Presa  
San Antonio, TX 78205

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

I.B.E.W. - C.O.P.E.

☒ out-of-state PAC (ID# C00027342)

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1125 15th St, NW  
Washington, DC 20005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

3DI/PAC

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1900 W. Loop South, Apt/Suite: 600  
Houston, TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

Edward R Bardgett

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 240130  
San Antonio, TX 78224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

Michael W McCrum

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

214 Dwyer, Apt/Suite: 210  
San Antonio, TX 78204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
5 of 16

**2** FILER NAME

Mr Phil D Hardberger

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

4/28/2005

**5** Full name of contributor

Stephanie Lyons

☐ out-of-state PAC (ID# \_\_\_\_\_)

**7** Amount of  
contribution (\$)  
1000.00

**8** In-kind contribution  
description (if applicable)

**6** Contributor address; City; State; Zip Code

126 Villita  
San Antonio, TX 78205

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/2/2005

Full name of contributor

William M Reeves

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

219 Harrison  
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/2005

Full name of contributor

Stephen L Hoech

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

24830 Blanco Road  
San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

Shirley Watkins

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

745 Tuxedo Ave  
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Andrew E Toscano

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

122 Montclair Ave  
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Pat L Schmitz

6 Contributor address; City; State; Zip Code

13818 Kingsbury Hill  
San Antonio, TX 78217

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Adrienne Urrutia

Contributor address; City; State; Zip Code

12011 huebner Road, Apt/Suite: 201  
San Antonio, TX 78230

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ashley C Specia

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 1700  
San Antonio, TX 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Albert Carrisalez

Contributor address; City; State; Zip Code

111 W. Huisache Ave  
San Antonio, TX 78212

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Gravely & Pearson LLP

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 300  
San Antonio, TX 78205

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Dell H Gibson

6 Contributor address; City; State; Zip Code

7731 Broadway, Apt/Suite: D215  
San Antonio, TX 78209

7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rudy Castillo

Contributor address; City; State; Zip Code

4631 Vance Jackson, Apt/Suite: B  
San Antonio, TX 78230

Amount of  
contribution (\$)

200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Frank L Branson

Contributor address; City; State; Zip Code

4514 Cole Ave  
Dallas, TX 75205

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stephen Colley

Contributor address; City; State; Zip Code

519 Artemis Dr  
San Antonio, TX 78218

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Bryan P Cartall

Contributor address; City; State; Zip Code

15 Parman Pl  
San Antonio, TX 78230-4137

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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**1** Total pages Schedule A:  
8 of 16

**2** FILER NAME

Mr Phil D Hardberger

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

4/28/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lawrence Noll

**6** Contributor address; City; State; Zip Code

4849 Fredericksburg Road  
San Antonio, TX 78229

**7** Amount of  
contribution (\$)   
250.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Deborah S McDonald

Contributor address; City; State; Zip Code

352 Blue Bonnet Blvd  
San Antonio, TX 78209

Amount of  
contribution (\$)   
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Allison Kustoff

Contributor address; City; State; Zip Code

2 Westelm Circle  
San Antonio, TX 78230

Amount of  
contribution (\$)   
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Helene Riklin

Contributor address; City; State; Zip Code

122 Laburnum  
San Antonio, TX 78209

Amount of  
contribution (\$)   
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Morgan Price

Contributor address; City; State; Zip Code

227 Pershing  
San Antonio, TX 78209

Amount of  
contribution (\$)   
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

9 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

4/30/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Suzanne W Marcella

6 Contributor address; City; State; Zip Code

15735 Wolf Creek  
San Antonio, TX 78232

7 Amount of  
contribution (\$)   
250.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mark H Miller

Contributor address; City; State; Zip Code

225 W. Gramercy Pl  
San Antonio, TX 78212

Amount of  
contribution (\$)   
50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

William Maiberger Jr

Contributor address; City; State; Zip Code

141 Antler Circle  
San Antonio, TX 78232

Amount of  
contribution (\$)   
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Joe J Lozano

Contributor address; City; State; Zip Code

2758 Whisper Path  
San Antonio, TX 78230

Amount of  
contribution (\$)   
300.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Robert J Kalt

Contributor address; City; State; Zip Code

1210 Hymeadow  
San Antonio, TX 78258

Amount of  
contribution (\$)   
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sona Ramirez

6 Contributor address; City; State; Zip Code

5604 SW Parkway, Apt/Suite: 3515  
Austin, TX 78735

7 Amount of  
contribution (\$)  
300.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lawrence G Morales

Contributor address; City; State; Zip Code

115 E. Travis, Apt/Suite: 830  
San Antonio, TX 78205

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kathy M Davila

Contributor address; City; State; Zip Code

105 W. Kings Hwy  
San Antonio, TX 78212

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ralph Biediger

Contributor address; City; State; Zip Code

11211 Hunters Oak  
Helotes, TX 78023

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Frederick M Baron

Contributor address; City; State; Zip Code

5950 Deloache Ave  
Dallas, TX 75225

Amount of  
contribution (\$)  
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Raul Rios

6 Contributor address; City; State; Zip Code

8 Aspen Creek  
San Antonio, TX 78248

7 Amount of  
contribution (\$)   
250.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Joye Beth Rhodes

Contributor address; City; State; Zip Code

324 Box Oak  
San Antonio, TX 78230

Amount of  
contribution (\$)   
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Joe M Westheimer Jr

Contributor address; City; State; Zip Code

2 Chatsworth Way  
San Antonio, TX 78209

Amount of  
contribution (\$)   
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Luis Roberto Vera Jr

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 1325  
San Antonio, TX 78205

Amount of  
contribution (\$)   
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Irma M Salinas

Contributor address; City; State; Zip Code

PO Box 3125  
Laredo, TX 78044

Amount of  
contribution (\$)   
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Laura G Tamez

6 Contributor address; City; State; Zip Code

3418 Ruidosa Ridge  
San Antonio, TX 78259

7 Amount of  
contribution (\$)

400.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Leonard C Greco

Contributor address; City; State; Zip Code

3207 Litchfield  
San Antonio, TX 78230

Amount of  
contribution (\$)

300.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stephen C Cichowski

Contributor address; City; State; Zip Code

711 Navarro, Apt/Suite: 104  
San Antonio, TX 78205

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Bernard Buecker

Contributor address; City; State; Zip Code

310 S. St. Mary's, Apt/Suite: 2201  
San Antonio, TX 78205

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Edward Batis Jr

Contributor address; City; State; Zip Code

4402 Meredith Woods  
San Antonio, TX 78249

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

13 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Glenn W Cunningham

6 Contributor address; City; State; Zip Code

115 E. Travis, Apt/Suite: 105  
San Antonio, TX 78205

7 Amount of  
contribution (\$)  
250.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Barbara Hutzler

Contributor address; City; State; Zip Code

141 Cardinal  
San Antonio, TX 78209

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ray B Jeffery

Contributor address; City; State; Zip Code

761 Shepherds Ranch  
Bulverde, TX 78163

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ron H Mata

Contributor address; City; State; Zip Code

1115 Crystal Spring  
San Antonio, TX 78258

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Paul Kinnison Jr

Contributor address; City; State; Zip Code

418 W. French Pl  
San Antonio, TX 78212

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

14 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Edward Karam

6 Contributor address; City; State; Zip Code

3131 NW Loop 410, Apt/Suite: 200  
San Antonio, TX 78230

7 Amount of  
contribution (\$)

575.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sharon T Russell

Contributor address; City; State; Zip Code

8327 San Fernando Way  
Dallas, TX 75218

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jill and Steve Souter

Contributor address; City; State; Zip Code

350 Wildrose  
San Antonio, TX 78209

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Dennis J Vollink

Contributor address; City; State; Zip Code

1903 Sherwood Dr  
Cape Girardeau, MO 63701-2539

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Raymond C Wenz

Contributor address; City; State; Zip Code

37 Wolfeton Way  
San Antonio, TX 78218

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

15 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Myfe W Moore

6 Contributor address; City; State; Zip Code

19504 Chimney Creek  
Helotes, TX 78023

7 Amount of  
contribution (\$)  
1000.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Arnulfo Gonzalez Jr

Contributor address; City; State; Zip Code

1510 Calle Del Norte, Apt/Suite: 16  
Laredo, TX 78041

Amount of  
contribution (\$)  
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Fred E Lueck

Contributor address; City; State; Zip Code

3203 Sable Creek  
San Antonio, TX 78259

Amount of  
contribution (\$)  
750.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Matthew R Pearson

Contributor address; City; State; Zip Code

110 Ranger Dr  
Boerne, TX 78006

Amount of  
contribution (\$)  
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Charles Ebrom

Contributor address; City; State; Zip Code

213 Sheffield Pl  
San Antonio, TX 78213-2600

Amount of  
contribution (\$)  
1000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

16 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Robert C Murray

6 Contributor address; City; State; Zip Code

146 E. Rosewood  
San Antonio, TX 78212

7 Amount of  
contribution (\$)  
200.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kevin B Miller

Contributor address; City; State; Zip Code

6243 IH-10 West, Apt/Suite: 800  
San Antonio, TX 78201

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

Mr Phil D Hardberger

**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#:\_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:\_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.





**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

**4** Date**5** Payee name**7** Amount  
(\$).....  
**6** Payee address;                      City;    State;    Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9**    .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address;                      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address;                      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address;                      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule G: <div style="text-align: center;">1 of 1</div>
<b>2</b> FILER NAME Mr Phil D Hardberger		<b>3</b> ACCOUNT # (Ethics Commission filers)

  

<b>4</b> Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5</b> Payee name    </div> <div style="width: 45%;"> <b>8</b> Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>6</b> Payee address;                      City;    State;    Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)           </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;                      City;    State;    Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;                      City;    State;    Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;                      City;    State;    Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;                      City;    State;    Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

**4** Date**5** Business name**7** Amount  
(\$).....  
**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1    Total pages Schedule I: <b>1 of 1</b>
2    FILER NAME  Mr Phil D Hardberger		3    ACCOUNT # (Ethics Commission filers)

  

4    Date	5    Payee name  ..... 6    Payee address;                      City;    State;    Zip Code	8    Amount (\$)
	7    Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	..... <b>6</b> Payor address;                      City;   State;   Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
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	..... Payor address;                      City;   State;   Zip Code	
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Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*****1 C/OH NAME**

Mr Phil D Hardberger

**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below *only* if you are not an officeholder. \*\*****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section *only* if you are an officeholder \*\***☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder